



Local Business Tax Account Application
Lee County Tax Collector
P.O. Box 1549
Ft. Myers, FL 33902-1549
239.533.6000



(Return application, fees, and corresponding documents to the Lee County Tax Collector for processing.)

1. Type of Business: _____

2. Business Name (DBA): _____ EIN/SSN: _____

NOTE: Indicate below why you are exempt from filing for a Fictitious Name Registration/DBA (Doing Business As)

- | | |
|--|---|
| <input type="checkbox"/> Business name indicates my full legal name | <input type="checkbox"/> Business name is a registered trademark |
| <input type="checkbox"/> Business name is the corporate name | <input type="checkbox"/> Business name is the limited liability partnership name |
| <input type="checkbox"/> Business name is the general partnership name | <input type="checkbox"/> Attorney, Dept. of Health, Dept. of Business & Professional Regulation |

3. Owner/Professional/Qualifier Name: _____
(Last) (First) (Middle Initial)

4. County/State license or certification number: *(Professional, Contractor & Restaurants, etc.*
Enter license number and attach a copy of your current license or certification.) License #: _____

5. Physical Address: _____ Strap #: _____
(Zoning approval is required-see below and back of this application.)

City: _____ State: _____ Zip: _____

Mailing Address *(if different)*: _____

City: _____ State: _____ Zip: _____

6. Business Phone Number: () _____ Alternate Phone Number: () _____

7. Business located in: ☐ Residential ☐ Commercial Property

8. Is the physical address located within a city limit? ☐ Yes: *If yes, attach a copy of your city local business tax receipt*
☐ No: *If no, see zoning requirements below & on reverse side*

9. Date business actually began at this location: _____

IMPORTANT: IF TRANSFERRING A BUSINESS TAX RECEIPT, CHECK EACH TYPE OF CHANGE BELOW

(Current Lee County Business Tax Receipt must be attached to this application) TRANSFER FEE: \$3.00

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Business Name (DBA) | <input type="checkbox"/> Physical Address | <input type="checkbox"/> Occupation |
| <input type="checkbox"/> Owner Name | <input type="checkbox"/> Mailing Address | CURRENT RECEIPT #: _____ |
| <input type="checkbox"/> Ownership (example: purchase of existing business, include a copy of the Bill of Sale) | | |

Existing receipt transfers may require one of the following: County/State license or certification, zoning approval.

Business Tax Fee (Includes a \$20.00 Hazardous Waste Surcharge per Resolution 94-07-14)

	<u>Full Year Fee</u>	<u>½ Year Fee (April - June)</u>	<u>¼ Year Fee (July - Sept)</u>
Business Tax Receipt Fee:	\$50.00	\$25.00	\$12.50

(Payment required at time of application.)

To obtain fees for Flea Markets, Special Events, Transient Merchants or Going Out of Business/Fire Sales call 239.533.6000.

Signatures: *Under penalties of perjury, I hereby declare the statements above are true and correct to the best of my knowledge.*

Owner/Qualifier: _____ Date: _____ / _____ / _____

Owner: _____ Date: _____ / _____ / _____

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ZONING APPROVAL IS REQUIRED FOR BUSINESSES LOCATED IN UNINCORPORATED LEE COUNTY.

Lee County Zoning Department must complete this section prior to local business tax receipt issuance, or attach a copy of the LOCATION Certificate of Use or Certificate of Occupancy.

Strap Number: _____ HOL-USE or COM # : _____

Approved By: _____ Title: _____ Date: _____

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Application Instructions

Line 1 Nature (type) of Business: Please describe the type of business that will be conducted.

Line 2 Business Name (DBA): The business name is the name that the business will be using when conducting business, advertising, and for identification purposes. If the business is operating under a name other than the owner's full legal name, a Fictitious Name Registration is required. The business is exempt from filing a fictitious name registration if it is one of the following: a corporate name; registered trademark; limited liability company; or general partnership, each of which should be registered with the State of Florida. If the business is in fact exempt from filing a fictitious name registration, place an "X" in the box that best indicates the reason for exemption. **EIN/SS #:** Employer Identification Number (EIN) is also known as a federal tax identification number. In accordance with Florida Statutes, social security numbers are collected only if the business is operating as an individual, and are used for governmental purposes only.

Line 3 Owner/Professional/Qualifier Name: The business owner(s) name would consist of one of the following: a person's name if owned by a sole proprietor; two or more persons' names if owned by a partnership; or a corporation name.

Line 4 County/State License or Certification (Professionals, Contractors, Restaurants, etc.): Businesses or professions that are regulated by county or state agencies are required to provide a copy of the current license or certificate. Agencies and **examples** of the types of businesses/professions they are responsible for regulating are as follows:

<u>Agency</u>	<u>Type of Business/Profession</u>	<u>Phone</u>
Lee County Contractor Licensing	Contractors	239.533.5895
Florida Department of Health	Nurses, Therapists, Day Care, etc.	850.488.0595
Department of Agriculture	Auto Repair, Fitness Studio, etc.	800.435.7352
Bureau of Entomology and Pest Control	Bug and Pest Control	850.921.4177
Department of Business and Professional Regulation	CPA, Real Estate Agent, Hotel, etc.	850.487.1395

Important: The name on this application and on the county/state license or certificate must **match exactly**, including middle initials, in order for the application to be processed.

Line 5 Street Address of Business: The physical address is the actual location of the business as approved by either county or city zoning. A P.O. Box is not acceptable as it is not adequate for zoning purposes.

Mailing Address: Include the mailing address if it is different from the physical address. This address can be a P.O. Box.

Line 6 Business Phone Number: The business phone number would be the actual phone number customers would utilize.
Alternate Phone Number: The alternate phone number would be one of the following: the sole proprietor; an owner in a partnership; or an officer of the corporation.

Line 7 Place an "X" in the appropriate box to indicate whether the street address is a residential or commercial property.

Line 8 Place an "X" in the appropriate box to indicate whether the street address is located within the city limits.

Line 9 Date business began or will begin accepting payment for services:

- Businesses located in Lee County indicate the date the business started taking payment for services.
- Businesses located outside of Lee County, please indicate the date the business started operating within Lee County.

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Businesses located within the city limits of Fort Myers, Cape Coral, Sanibel or Fort Myers Beach

Obtain a city local business tax receipt from the cities indicated above before submitting an application for a Lee County local business tax account. Fort Myers Beach provides a city local business tax receipt for a very limited amount of business types. Please contact their office for all zoning and business tax receipt requirements.

Zoning for Businesses Located in Unincorporated Lee County:

County ordinance 07-02 requires all businesses to have zoning compliance. Applicants can call Community Development at 239.533.8329 for zoning requirements and fees.

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